

County: Buffalo

Facility ID: 8490

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ST MICHAELS EVANGELICAL LUTHERAN HOME
270 NORTH ST PO BOX 9933

FOUNTAIN CITY 54629 Phone:(608) 687-7727

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 51

Total Licensed Bed Capacity (12/31/04): 51

Number of Residents on 12/31/04: 31

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 30

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

30

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.5
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		29.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.2	More Than 4 Years		35.5
Day Services	No	Mental Illness (Org./Psy)	19.4	65 - 74	9.7			-----
Respite Care	No	Mental Illness (Other)	9.7	75 - 84	38.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	25.8	65 & Over	96.8	-----		
Transportation	No	Cerebrovascular	16.1		-----	RNs		7.9
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		11.6
Other Services	Yes	Respiratory	9.7	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	19.4	Male	35.5	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	64.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care			Total Resi- dents	% Of All	
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	300	11	78.6	120	0	0.0	0	11	100.0	130	0	0.0	0	0	0.0	0	28	90.3
Intermediate	---	---	---	3	21.4	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	9.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		14	100.0		0	0.0		11	100.0		0	0.0		0	0.0		31	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	22.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	5.0	Bathing	9.7	45.2	45.2	31
Other Nursing Homes	0.0	Dressing	22.6	41.9	35.5	31
Acute Care Hospitals	72.5	Transferring	32.3	32.3	35.5	31
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	29.0	32.3	38.7	31
Rehabilitation Hospitals	0.0	Eating	90.3	0.0	9.7	31
Other Locations	0.0	*****				
Total Number of Admissions	40	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.5	Receiving Respiratory Care	12.9	
Private Home/No Home Health	44.7	Occ/Freq. Incontinent of Bladder	38.7	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	10.5	Occ/Freq. Incontinent of Bowel	16.1	Receiving Suctioning	3.2	
Other Nursing Homes	13.2			Receiving Ostomy Care	0.0	
Acute Care Hospitals	13.2	Mobility		Receiving Tube Feeding	6.5	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	22.6	
Rehabilitation Hospitals	0.0					
Other Locations	2.6	Skin Care		Other Resident Characteristics		
Deaths	15.8	With Pressure Sores	6.5	Have Advance Directives	90.3	
Total Number of Discharges		With Rashes	3.2	Medications		
(Including Deaths)	38			Receiving Psychoactive Drugs	67.7	

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		This Facility %	Ownership: Nonprofit Peer Group % Ratio	Bed Size: 50-99 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds		58.8	87.4 0.67	85.5 0.69	85.9 0.69	88.8 0.66			
Current Residents from In-County		87.1	76.6 1.14	71.5 1.22	75.1 1.16	77.4 1.12			
Admissions from In-County, Still Residing		27.5	21.5 1.28	20.7 1.33	20.5 1.34	19.4 1.42			
Admissions/Average Daily Census		133.3	125.9 1.06	125.2 1.06	132.0 1.01	146.5 0.91			
Discharges/Average Daily Census		126.7	124.5 1.02	123.1 1.03	131.4 0.96	148.0 0.86			
Discharges To Private Residence/Average Daily Census		70.0	51.0 1.37	55.7 1.26	61.0 1.15	66.9 1.05			
Residents Receiving Skilled Care		90.3	95.2 0.95	95.8 0.94	95.8 0.94	89.9 1.00			
Residents Aged 65 and Older		96.8	96.2 1.01	93.1 1.04	93.2 1.04	87.9 1.10			
Title 19 (Medicaid) Funded Residents		45.2	69.6 0.65	69.1 0.65	70.0 0.64	66.1 0.68			
Private Pay Funded Residents		35.5	21.4 1.66	20.2 1.76	18.5 1.92	20.6 1.73			
Developmentally Disabled Residents		0.0	0.4 0.00	0.5 0.00	0.6 0.00	6.0 0.00			
Mentally Ill Residents		29.0	40.3 0.72	38.6 0.75	36.6 0.79	33.6 0.86			
General Medical Service Residents		19.4	17.9 1.08	18.9 1.02	19.7 0.98	21.1 0.92			
Impaired ADL (Mean)		48.4	47.6 1.02	46.2 1.05	47.6 1.02	49.4 0.98			
Psychological Problems		67.7	57.1 1.19	59.0 1.15	57.1 1.19	57.7 1.17			
Nursing Care Required (Mean)		6.9	7.3 0.94	7.0 0.98	7.3 0.94	7.4 0.92			